U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20∠ ,0

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10 03 7

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

The second secon	1 / 1 / 2004 Through: 12 / 31 / 2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name John Jones	Name Iron Workers Local No. 424				
	Labor Organization File Number 039–285				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any				
Street 92 Ford Street	Street 15 Bernhard Road				
City Ansonia	City North Haven				
State Connecticut ZIP Code + 4 06401	State Connecticut ZIP Code + 4 06473				
5. Position in labor organization. Executive Board					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of					
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7.b. Amount.				
Street	7.0. Allount.				
City City	The contraction of the contracti				
State ZIP Code + 4					
Signa	ature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and it, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Şigned	on 8/12/05 // // / / / / / / / / / / / / / / /				
	Date Telephone Number				
Form I M-20 (2003)	÷				

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Name of Descen Filing at a -	File Number U-
Name of Person Filing John Jones	rile Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

		9, Business deals with:		
8. Name and address of Business (including trade na	me, if any).	9. Business deals with:		
Name Iron workers' Locals 15 & 424 Appr. Fund		a. Labor Organization		
Trade Name, if any:	menor in 120 populare and to the letter symposium and the	Segment Ag		
P.O. Box, Bldg., Room No., if any	to the second annual	b. Trust		
Street 300 Research Parkway	encontrolled (1, 1, 2, 1 or production of the Mills of the Mills of the Production of the Mills of the Production of the Mills of the Production of the Mills o	c. Employer		
City Meriden		1		
State Connecticut ZIP Code +	4 06450			
10. If 9.b. or 9.c. is checked give trust or employer's name.		11.a. Nature of such dealing.	**************************************	A P ALL WAS DESCRIPTION OF THE PARTY OF THE
Name Iron workers' Locals 15 & 424 A	ppr. Fund	Instructor- Iron workers' Locals 1 Apprentice Training fund	5 & 424	
Trade Name, if any:		- ·		Manager Annual Control
P.O. Box, Bldg., Room No., if any	A STATE OF THE STA			
Street 300 Research Parkway	1 PT (000 000 A) A AND AND AND AND AND AND AND AND AND A	The state of the s		
City Meriden	and a second of a property point and a point of the property and a point of the property of th	The second secon	***************************************	and describing dates of factors in Strang as suppose
State Connecticut ZIP Code +	4 06450	11.b. Approximate dollar value of such dealing.	N	A
		12.a. Nature of interest held or income received.	Managamun unmari s viva as	
		wages for instructing apprentice t	raining	classes
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		12.b. Amount.	*	\$3,967